

Manchester, St. Mary's Hospitals.—Four H.S.'s. Each at rate of £50.
Marseilles, Queen Alexandra Memorial Hospital.—Res. M.O. At rate of £150.
Middlesex County Council.—Tuberculosis M.O. £750.
National Hospital, Queen-square, W.C.—Pathologist. £200.
Newcastle-upon-Tyne, City Hospital for Infectious Diseases.—Res. Med. Asst. £350.
Nigeria, West African Medical Staff.—Pathologists. Each £800.
Nottingham General Hospital.—Two H.S.'s for Special Depts. Each at rate of £150.
Oswestry, Shropshire Orthopaedic Hospital.—H.S. £200.
Plaistow Fever Hospital, E.—Second Asst. M.O. £300.
Preston and County of Lancaster, Queen Victoria Royal Infirmary.—H.P. £150.
Prince of Wales's General Hospital, Tottenham, N.—Hon. Asst. P.
Princess Louise Kensington Hospital for Children, North Kensington.—Hon. Radiologist.
Rhondda U.D.C.—Asst. M.O.H., &c. £600.
Romford Isolation Hospital, Rush Green.—Med. Supt. £750.
Rotherham Hospital.—Sen. H.S. £200.
Royal Army Medical Corps.—25 Commissions.
Royal Waterloo Hospital for Children and Women, Waterloo-road, S.E.—Cas. O. £150.
St. Albans, Napsbury Mental Hospital.—Jun. Asst. M.O. £485.
St. John's Hospital, Lewisham, S.E.—Two Res. House Appts. Each at rate of £100.
St. Leonards-on-Sea Buchanan Hospital.—Locum Tenens H.S. At rate of £250.
St. Mary's Hospital for Women and Children, Plaistow, E.—Clinical Asst.
Sheffield Children's Hospital.—Jun. H.S. £100.
Sheffield Royal Hospital.—Res. Ophth. H.S. At rate of £80.
Sheffield Royal Infirmary.—Surg. Reg. £200. Also Asst. Cas. O. H.S., Ophth. H.S., and Asst. Ophth. H.S. Each at rate of £80.
Sleaford, Kesteven Mental Hospital.—Med. Supt. £700.
South Africa, Bloemfontein Hospital.—Sister for X Ray and Electrical Dept. £300.
Stafford, Staffordshire General Infirmary.—H.S. At rate of £200.
Stoke-on-Trent, North Staffordshire Royal Infirmary.—H.S. £150. Also H.S. to Ophthalmic and Aural Depts. At rate of £150.
Swansea Hospital.—H.S. £150.
Tunbridge Wells and Counties General Hospital.—H.S. £160.
West End Hospital for Nervous Diseases, Gloucester Gate, Regent's Park, N.W.—Jun. H.P. At rate of £100.
West London Hospital, Hammersmith, W.—Aural and Ophth. H.S. and Res. Asst. Cas. O. At rate of £100. Also Res. Anes. At rate of £100.
Wilkesden General Hospital, N.W.—Refraction Assistant. 50 gns.
Winchester, Royal Hampshire County Hospital.—Res. H.S. £150.
Woolwich and District War Memorial Hospital, Shooters-hill, S.E.—H.P. and H.S. Each at rate of £125.
The Chief Inspector of Factories announces vacancies for Certifying Factory Surgeons at Callington (Cornwall) and at Felixstowe (Suffolk).

Births, Marriages, and Deaths.

BIRTHS.

BUTLER.—On June 25th, to Florence (*née* Jordan), the wife of Dr. M. F. Butler, of Beckenham-road, Beckenham, of a daughter.
HILLMAN.—On June 28th, at Bentinck-street, W., the wife of Oscar Stanley Hillman, M.S., F.R.C.S., Wilson-grove, Southsea, of a daughter.
SHAW.—On June 22nd, at a nursing home in London, the wife of Dr. F. R. S. Shaw, M.B., M.C., Tuz Khurmatu, Iraq, of a son.
THOMSON.—On June 28th, at Lavington, Barnet, Herts, the wife of Dr. N. Gray Thomson, of a daughter.

MARRIAGES.

FRANCE—CORKERY.—On June 26th, at St. Augustine's, London, Robert Scouler France, M.B., Ch.B., to Marjorie Griffin Courtenay, daughter of the late Colonel W. A. Corkery, Indian Medical Service, and of Mrs. Corkery, Ael-y-Bryn, Merthyr Vale, Glamorgan.

DEATHS.

HENDERSON.—On June 23rd, at Alister Cottage, Inverness, Lieut.-Colonel George Henderson, M.D., F.L.S., F.R.G.S., late I.M.S. (H.E.I.C.S.), in his 93rd year.
LEAPINGWELL.—On June 28th, Edward Jodrell Leapingwell, M.B., of Apsley Guise, aged 80 years.
MOXHAM.—On June 27th, at Aldborough, Marcus Camplin Moxham, M.R.C.S., L.R.C.P., L.S.A.
N.B.—A fee of 7s. 6d. is charged for the insertion of Notices of Births, Marriages, and Deaths.

THE LANCET: SUBSCRIPTION RATES.

INLAND	One Year	..	..	£2	2	0
	Six Months	..	..	1	1	0
	Three Months	..	..	0	10	6
ABROAD	One Year	..	..	2	10	0
	Six Months	..	..	1	5	0
	Three Months	..	..	0	12	6

Notes, Comments, and Abstracts.

DISEASES OF THE JEWS.

IN opening a symposium on Some Diseases of the Jewish Race at the London Jewish Hospital Medical Society on June 13th, with Dr. A. GOODMAN LEVY in the chair, Sir HUMPHRY ROLLESTON said that diseases had been described as racial diseases of the Jews for no better reason than that the first recorded cases happened to have occurred among Jews. Such was the case with the condition known as dystonia musculorum deformans, or Oppenheim's disease. But there were diseases which if they did not appear exclusively among Jews were said to occur more frequently among them—e.g., thrombo-angiitis obliterans. It had recently been suggested that this disease was on the decrease among Jews and on the increase among Gentiles, and it was possible that the stress laid in the past on the racial nature of this affection had led to its being overlooked when it occurred among Gentiles. According to Telford and Stopford the alleged racial character of this disease was the result of a "topographical" accident. It was said by some that its course in Jews was earlier and more severe than in Gentiles, but the opposite view had also been advanced. On the question of amaurotic familial idiocy it must be pointed out that there was a series of allied conditions of which amaurotic familial idiocy and retinitis pigmentosa were the extremes, the first occurring early in life among Jews and the latter coming on much later in the case of both Jews and non-Jews. Both obesity and diabetes were relatively common in Jews, and it had been suggested by Joslin that Jews got diabetes because they were fat, and they were fat because of dietetic excess. But it must be remembered that Gaucher's and Niemann's diseases, which were disturbances of fat metabolism, were probably more frequent among Jews. Acromegaly had also been said to be more common among Jews, and anterior lobe pituitarism as a feature of the Jewish race was compatible with Keith's contention that the special effects of pituitary activity were best seen in the Caucasian type. That Gaucher's disease was regarded as being specially common among Jews was probably due to the accident that it had been extensively investigated at the Mount Sinai Hospital. Niemann's disease, which was probably a more severe type of Gaucher's disease, seemed to be more frequent among Jews—if one could argue from the 15 cases reported. It probably exemplified the rule suggested by the relationship of amaurotic familial idiocy and retinitis pigmentosa—namely, that in the Jewish race there was a constitutional factor which determined an earlier onset and a more severe form of certain diseases. On the incidence of cancer, the recent work of Sourasky had shown that whilst the total cancer mortality among Jews corresponded fairly with that of the countries in which they resided, there were some differences in the distribution of these growths, but that these differences were probably due to the mode of life led by Jews rather than to a racial factor. There appeared to be a definite resistance to tuberculous infection among Jews, which was perhaps to be explained partly by the infrequency of alcoholism among them.

Mr. A. H. LEVY pointed out that it was wrong to regard amaurotic familial idiocy as a specifically Jewish disease. Juvenile and adolescent cerebro-macular degeneration were generally looked on as being allied to amaurotic familial idiocy, but in his opinion were not at all allied. Mr. Levy touched on the question of the alleged greater frequency of glaucoma among Jews, which he could not substantiate from his experience, and on the incidence of cataract, which was probably not disappearing so rapidly among Jews as it seemed to be doing in the general population.

Cancer and Tubercle.

Mr. M. SOURASKY said that the fact which emerged from a recent investigation was that Jews as a race were neither immune from cancer nor specially prone to it. The statistics of six European capitals with large Jewish populations had been scrutinised, and in each of them the incidence of cancer among Jews followed closely that obtaining among their neighbours. On the whole there was a closer relationship between the Jews and non-Jews of any particular city than between the Jews of different cities. But apparently Jews had a definitely different incidence of cancer of the various organs from that of their neighbours.

Among Jews cancer of the generative organs and of the mouth seemed to be less common and that of the gastro-intestinal tract more so than among non-Jews. There were, however, established ætiological factors operating in the Jewish community capable of explaining these differences without assuming the operation of a problematic racial factor—immunity or predisposition, as the case might be. Thus the well-known association of cancer of the tongue with

chronic inflammation of this organ, which was so often of syphilitic origin, adequately explained the low incidence of cancer of the tongue in Jews, as syphilis was decidedly less common—and was still less common in the past—among them than among non-Jews. Not a single case of penile cancer had been recorded for Jews, whilst the disease accounted for about 1 to 2 per cent. of all cancer deaths among non-Jewish men. As for cancer of the breast, the incidence in Jewish women varied in different cities, being sometimes lower, sometimes a little higher than that for the rest of the population. In London the incidence among the poor Jews was lower than that among the wealthy. It was pointed out that among the richer Jews there were more unmarried women, the marriages were later, and the birth-rate was lower, all factors held to favour breast cancer. The remarkably low incidence of uterine cancer (one-third to one-half the number occurring in the rest of the population) might be attributable to the observance of the Mosaic system of hygiene, and it was of interest to note that this form of cancer appeared to be increasing in the Jewish community.

Dr. J. BURNFORD remarked upon the extreme rarity of any specifically racial diseases, whether of Jews or of other races. The topography of disease was not so much a question of racial predisposition and immunity as one of environment. Theoretically speaking there was a better case for racial immunity than for predisposition. Natural selection was more likely to produce a group of people resistant to certain affections than one which was specially prone to particular diseases, and racial diseases had a way of evaporating into thin air when they were carefully investigated. It was generally assumed that diabetes was very common amongst Jews; in the speaker's experience this had not been very noticeable.

Dr. W. M. FELDMAN said that the mortality-rate from tuberculosis was lower among Jews than among Gentiles, which was to be explained by the fact that the disease was less fatal among them. This could be seen from the greater number of Jews who responded favourably to treatment. In Dr. Feldman's opinion the explanation was probably that Jews acquired immunity from frequent exposure during childhood to mild doses of tuberculosis, being especially prone to this on account of the greater frequency of the disease among Jews, its milder character, and the greater degree of overcrowding. The greater care Jews bestowed on their infants and their greater sobriety probably also counted. The absence of drunkenness among Jews might be due to the fact that Jews usually took some food with their drink (thus unintentionally delaying the absorption of alcohol into the blood) and by the deterrent effect of public opinion, which in Jewish communities ostracised the drunken.

Eyesight.

Mr. A. SOURASKY said that in a recent investigation 1649 Jewish boys were examined as regards eyesight in a group of Jewish evening schools in the East End of London, and 600 non-Jewish boys in London County Council schools in the same district. The tests showed that the percentage of Jewish boys with visual defect was 43.2 as against only 21.7 of the non-Jewish. The conclusion often drawn from this, that the extra hours of evening study in Jewish classes were responsible for this grievous condition, was unjustified. Children at the age of 5 and 6 who had not yet reached school age, and therefore could not be influenced by school-life, showed a similar amount of visual defect to that found at the school-leaving age, between 12 and 14. It was found on an investigation of defects seen among 516 Jewish and 892 non-Jewish children that the proportion of long-sighted and short-sighted was such as to suggest that among Jewish children short sight was twice as frequent as among non-Jewish. At the same time the tests led to the detection of very striking differences in the kind of long-sight observed among Jewish children. One type, "low hypermetropia," was found to be more common in Jewish children than the other forms of long sight, and this was not the case with non-Jewish children. The predisposition to short sight in Jewish children and the greater incidence among Jews would appear to be the concomitant of the fact that the anthropological characteristics of the eyes of Jews were such as to leave little margin between the normal and the myopic. Hence slight disturbances were more likely to result in myopia in Jewish children than in the non-Jewish.

Dr. J. BRANDER remarked on the earlier onset of dementia præcox among Jews.

In the subsequent discussion Dr. F. PARKES WEBER said that in his opinion thrombo-angiitis obliterans was a disease with an economic basis rather than a racial one. Dr. BERNARD MYERS held that many Jewish characteristics could be explained on the basis of endocrine disturbances.

Dr. D. NABARRO and Dr. N. PINES spoke on arteriosclerosis and Dr. H. GAINSBOROUGH on the infrequency of syphilis in the older Jews.

A vote of thanks to Sir Humphry Rolleston was moved by Dr. L. MANDEL.

BOOKS ON CHILD CARE.

THE issue in all countries of numerous books on the care of infants and children is an interesting sign that mothers, and not only educated mothers, are abandoning tradition alone as a guide to nurture and are seeking help from science. A manifestation of this spirit in this country is the popularity of *Baby Week*, now being held in London for the thirteenth successive year. Reports of conferences and lectures stimulate women concerned with the rearing of children to seek further information and advice on choice of popular books is often sought from the family doctor. Among those produced recently three written by medical men deserve attention. "The Care of the Child," by Dr. Alton Goldbloom (New York: Longmans, Green and Co. Pp. 240. \$1.50) is designed especially to act as a guide to perplexed mothers, and to provide them with up-to-date knowledge on the feeding and management of small children. In selecting the points to be discussed the author has been guided by the questions which have most frequently been put to him in the past. The normal limits of growth, development, and activity are well defined, and all that advice which deals with nursing and general management is admirable. The section on artificial feeding is rather more open to criticism. The statement appears that "the group of dried milks, and unsweetened condensed milks, are quite as satisfactory as ordinary milk"; those who do not believe this to be true would prefer that the perplexed mother should not see it set out so dogmatically. The chapter on diets of older children is a particularly useful one, a clear idea being given not only of the articles of food which are suitable, but of the quantities. "The Essentials of Infant Feeding" is the title of an excellent little book by Dr. E. A. Barton, of which a second edition has now appeared. (London: H. K. Lewis. Pp. 79. 3s. 6d.) This book provides an admirably clear introduction to the subject of infant feeding which would not be beyond the grasp of the educated mother, though it is adequate for the medical student. The teaching is well up to date. In the second edition complementary replaces supplementary feeding as the method of choice in mixed feeding, and recent views on vitamins have been included. "The Child's Diet" (H. K. Lewis. 3s.) is also a book which may safely be put in the hands of parents. This little book was originally designed by Dr. J. Sadler Curgenven for the use of his own patients and has now reached its third edition. It deals with the feeding of normal infants and children, and with diet in a few common nutritional disorders. It is written simply, and conveys throughout the impression of the writer's extensive practical experience. For the artificial feeding of infants comparatively simple dilutions are recommended; the actual details of preparation of the mixtures are not very clearly explained. The chapter on the feeding of older children is perhaps the best part of the book, and the closing chapter containing nursery recipes should also be of great assistance to mothers.

Rather more elementary in treatment are two little books, by Mrs. J. Langton Hower, which have achieved great popularity. One, which is hardly more than a pamphlet, "The Baby of To-day" (Bristol: John Wright and Sons. Pp. 32. 4d.) is intended for those beginning to study creche work, girl guides, and the like, and provides sound teaching in concise form on the essentials of baby management, mental and physical. Rather surprisingly, long clothes are still recommended for the young baby, and the sample tables of food suggest that a child of 18 months should have none but minced meat, though the value of hard, crusty food is emphasised. The longer book, of 186 pages, entitled "Our Baby," and issued at 2s. 6d. by the same publishers, first appeared in 1891, and this year reached its nineteenth edition. It is addressed to mothers and nurses, and has for some ten years past served as the standard text-book for students taking the advanced examinations of the National Association for the Prevention of Infant Mortality. "Our Baby" is essentially a text-book, its 186 pages covering the ground connected with pregnancy, and such varied aspects of infant hygiene and care as feeding (natural and artificial), clothing, exercise and sleep, nursery life, and mental and moral training. Further chapters give an outline of minor troubles and ailments, accidents, and illnesses to which the young child is prone, with a section on nursery remedies and a final chapter on "Baby in the Tropics." The paramount importance of fresh air in the nursery is emphasised throughout the book, and also the fact that draughts may often be abolished by opening the window wider as easily as by shutting it. Dietitians will not all endorse the teaching that pasteurisation of milk does not kill disease germs and is not to be recommended. The book contains an immense amount of sane instruction and, with its 36 illustrations and numerous headings, presents an attractive appearance. Finally we may mention "A Handbook for Mothers," by C. Phyllis Armitage. (London: John Bale, Sons and Danielsson. Pp. 124. 2s.) The first three sections of this